U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT			
E (AUG 17 PAUD)			
Chis Della			
1 File Number U 9008	2 Fiscal Year Covered From		
,	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name MICHABL COMBER	Name PLUMBERS & PIPEFITTERS LOCAL UNION NO 123		
	Labor Organization File Number 541 169		
PO Box Bldg Room No if any	P O Box Building and Room Number if any		
Street 4923 WEST CYPRESS STREET	Street 4923 WEST CYPRESS STREET		
City TAMPA	City TAMPA		
State Florida ZIP Code + 4 33607	State Florida ZIP Code + 4 33607		
5 Position in labor organization			
EMPLOYEE - BUS REPRESENT/ORGANIZER			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name			
Trade Name If any			
PO Box Bidg Room No If any			
Street	7 b Amount.		
	manager company before the company of the company o		
City			
State ZIP Code + 4	}		
	·		
Sig	nature		
15 Signature and verification The undersigned declares under penalty o	f Perjury and other applicable penalties of the law that all of the information lying documents) has been examined by the signatory and is to the best of the		
15 Signature and verification The undersigned declares under penalty o submitted in this report (including the information contained in any accompan	f Perjury and other applicable penalties of the law that all of the information lying documents) has been examined by the signatory and is to the best of the		

Name of Person Filing MICHAEL COMBER	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name OAKBROOK INVESTMENTS	•		
Trade Name if any	a Labor Organization		
PO Box Bidg Room No If any	│		
Street 701 WARRENVILLE RD STE 335	C Linployer		
City LISLE			
State Illinois ZIP Code + 4 60532			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name PLUMBERS & PIPEFITTERS LOCAL NO 123	INVESTMENT MANAGER	<u> </u>	
Trade Name If any PENSION FUND			
PO Box Bidg Room No If any			
Street 8875 LIBERTY RIDGE DR	11 b Approximate dollar value of such dealing	\$0	
City JACKSONVILLE	12 a Nature of interest held or income received	<u> </u>	
State Florida ZiP Code + 4 32256	DINNER ON 11/09/04		
		1	
	40 - 4		
	12 b Amount	\$115	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name If any			
PO Box Bldg Room No If any			
Street		Į.	
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant 7	14 b Amount of payment.		